

Ohio Department of Health
Authorization for Student Possession and Use
of an Asthma Inhaler

In accordance with ORC 3313.716/3313.14

A completed form must be provided to the school principal and/or nurse before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.

Student name
Student address

This section must be completed and signed by the student's parent or guardian.

As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

Parent/Guardian signature	Date
Parent/Guardian name	Parent/Guardian emergency telephone number ()

This section must be completed and signed by the student's physician.

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)

Procedures for school employees if the medication does not produce the expected relief _____

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the physician)
To a student for which it is not prescribed who receives a dose

Special instructions _____

Physician signature	Date
Physician name	Physician emergency telephone number ()

Adapted from the Ohio Association of School Nurses



Deer Park Community City Schools
Medication Evaluation for Self-Administered Drugs
Asthma Inhaler

Student: _____ Grade: _____ Date: _____

1. My child has been trained in the proper use of his/her inhaler. Yes _____ No _____
2. My child knows the signs and symptoms of an asthma attack. Yes _____ No _____
3. My child is physically able to administer the inhaler without assistance. Yes _____ No _____
4. My child knows how often he/she may use the inhaler. Yes _____ No _____
5. My child is aware of adverse reactions that may occur. Yes _____ No _____
6. My child is aware that he/she must report any adverse reaction(s) to the school nurse or administration. Yes _____ No _____
7. I have read and understand the policy written in the Deer Park Handbook regarding the self-administration of an inhaler. Yes _____ No _____
8. I accept responsibility for my child's use of his/her inhaler. Yes _____ No _____

Please check one: Inhaler to be available in office and administered with supervision
 Inhaler to be carried by student and self-administered

Plan of action for asthma attack:

Additional comments:

I have read and understand the "Use of Medications" section in the Deer Park School Student-Parent Handbook.

Parent/guardian name: _____

Phone: _____

Parent/guardian signature: _____

Date: _____